

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  NVS5086HOS	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  C 01/15/2010
NAME OF PROVIDER OR SUPPLIER  CENTENNIAL HILLS HOSPITAL MEDICAL CEN		STREET ADDRESS, CITY, STATE, ZIP CODE 6900 N DURANGO DR LAS VEGAS, NV 89149		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	Initial Comments  Surveyor: 28849 This Statement of Deficiencies was generated as a result of a State Licensure abbreviated survey complaint investigation conducted in your facility on 01/15/09 in accordance with Nevada Administrative Code, Chapter 449, Hospitals.  Complaint #NV00023711 was substantiated with two deficiencies cited.  The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.	S 000	In Response to the Department of Health and Human Services survey performed on January 15, 2010. Deficiency #1 The facility interviewed staff, reviewed medical records, and current facility policies and procedures as it relates to social services referrals. Social services currently evaluates patients based on referrals, however they can be initiated and evaluated based on additional social and economical indicators. To ensure that patients at Centennial Hills Hospital Medical Center obtain appropriate access to social services the facility has taken the following actions: • Hired a second fulltime social worker to proactively screen and evaluate patient's social needs. • Re-implemented the multidisciplinary team rounds on each patient that includes the social worker and case management for earlier identification of social and discharge planning needs. • Implemented new process for Case Managers to follow all patients in the hospital regardless of payer source for any social service or discharge planning needs. • Reviewed with social workers current process and expectations of social service referrals on 2/3/10 by Director of Case Management. • Reviewed the Social Services Referrals Policy to ensure accurate reflection of current practice.  Accountability for the above corrective actions is held by the Director of Case Management.	Completed 01/01/10
S 267 SS=D	NAC 449.352 Social Services  3. A hospital shall provide to each patient access to related social services based on the assessed needs of the patient. This Regulation is not met as evidenced by: Surveyor: 28849 Based upon interview and record review, it was determined that the facility did not provide social services for one of three sampled patients (Patient Identifier: 1).  Severity: 2 Scope: 1	S 267		Completed 02/05/10
S 300 SS=D	NAC 449.3622 Appropriate Care of Patient  1. Each patient must receive, and the hospital shall provide or arrange for, individualized care, treatment and rehabilitation based on the assessment of the patient that is appropriate to the needs of the patient and the severity of the disease, condition, impairment or disability from	S 300		Completed 02/10/10

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

STATE FORM 6993 D5HF11  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Administrative Director* TITLE *Administrative Director*  
(X6) DATE *2/10/10*

Bureau of Health Care Quality and Compliance

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S 300	Continued From page 1  which the patient is suffering.  This Regulation is not met as evidenced by: Surveyor: 28849 Based upon record review and interview, it was determined that the facility did not ensure that restraint use was documented per facility policy entitled "Restraints and Seclusion" for one of three sampled patients (Patient Identifier: 1).  Severity: 2 Scope: 1.	S 300	Deficiency #2 The facility interviewed staff, reviewed medical records, and current facility policies and procedures related to restraints. To ensure that patients receive individualized care, treatment based on the assessment of the patient that is appropriate to the needs of the patient as it relates to restraints. The facility has taken the following actions: • Re-educate all clinical staff on policy for restraint use, guidelines for documentation, and reassessment, to include requirement for competency validation to be completed by nursing education by March 30, 2010. • Reviewed the "Restraint and Seclusion" Policy to ensure policy reflects current practice. To be completed by CNO by 02/15/10. • Audit 50 charts beginning in April 1, 2010 to ensure compliance with documentation of nursing interventions for four months with goal of 95% compliance. Data to be collected by Nursing, analyzed by Performance Improvement, and report to Quality Council for audit findings.	03/30/10  02/15/10  04/01/10	

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If continuation sheet 2 of 2